



Do Not Write or Staple in This
Space.
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Purchase Voucher

Agency: 529

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01047099

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS, TX 78730-5115


Freight Amount: \$0.00
Gross Amount (includes Frt.): \$762,500.00
Discount Amt Taken: \$0.00
Payment Amount: **\$762,500.00**

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT																			
1		0		TPCN-12.2	TPCN-12.2 (529-10-0013-000001E)	\$762,500.00																			
<u>ShipTo ID</u> <u>Non-HHSAS Cntrct ID</u>																									
E893																									
<div><div><u>Contract #</u> N</div><div><u>Wkfc</u> N</div><div><u>Org PmtDt</u></div><div><u>IC</u></div><div><u>RC</u></div></div> <div><div>Invoice DT: 09/21/15</div><div>Req'd Pay DT: 11/03/15</div><div>Inv Rec'd DT: 09/21/15</div><div>Pay Due DT: 11/30/15</div><div>Service DT: 10/31/15</div><div>P O DT:</div></div>																									
<table><tr><th><u>Account</u></th><th><u>Entry Event</u></th><th><u>Fund</u></th><th><u>Dept.</u></th><th><u>Program</u></th><th><u>Class</u></th><th><u>Budget Ref</u></th><th><u>Pri/Grant</u></th><th><u>Amount</u></th></tr><tr><td>1.1</td><td>725300</td><td></td><td>0001</td><td>716</td><td>5016</td><td>03138</td><td>2016</td><td>TANF100F</td><td>\$762,500.00</td></tr></table>							<u>Account</u>	<u>Entry Event</u>	<u>Fund</u>	<u>Dept.</u>	<u>Program</u>	<u>Class</u>	<u>Budget Ref</u>	<u>Pri/Grant</u>	<u>Amount</u>	1.1	725300		0001	716	5016	03138	2016	TANF100F	\$762,500.00
<u>Account</u>	<u>Entry Event</u>	<u>Fund</u>	<u>Dept.</u>	<u>Program</u>	<u>Class</u>	<u>Budget Ref</u>	<u>Pri/Grant</u>	<u>Amount</u>																	
1.1	725300		0001	716	5016	03138	2016	TANF100F	\$762,500.00																
<div>Open Item Key:</div> <div>Conf:N</div> <div>Certified Amt: 0.00</div>																									

Descriptive Legal Text (DLT Comments):

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
		OCT 30 2015	10/30/2015
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
			Kulkarni, Anjali Narayan
Contact Name	Contact Phone(Area+Number)		

01047099

RECEIVED
OCT 29 2015
HHSC Accounting Ops

Health & Human Services
 Commission

STATE OF TEXAS

PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

Page 1 of 1

2. Agency number 529		3. Agency name Health & Human Services Commission		4. Current document number	
8. Doc agency 529					
9. Texas identification number 1760802397		10. PDT	12. Purchase Order number		13. Document amount \$762,500.00
14. Payee name / address Texas Pregnancy Care Network 1101 S. Capital of Texas Highway Building K, Suite 250 Austin, TX 78746			15. ESC Order number		17. AGENCY USE
18 SFX 001	FY 2016		COBJ 7253	Amount \$ 762,500.00	
Invoice date 9/21/2015		Invoice number / Account Number TPCN-12.2		Invoice Received Date 9/21/2015	
DeptID/Speedchart 716		Requested Payment Date 3 DAY PAY		Interest Control	Reason Code
18 SFX 001	FY		COBJ	Amount	
Invoice date		Invoice number / Account Number		Invoice Received Date	
DeptID/Speedchart		Requested Payment Date		Interest Control	Reason Code
18 SFX 001	FY		COBJ	Amount	
Invoice date		Invoice number / Account Number		Invoice Received Date	
DeptID/Speedchart		Requested Payment Date		Interest Control	Reason Code
19. SERVICE / DEL DATE October 2015		20. DESCRIPTION OF GOODS OR SERVICES Payment in accordance to Section 1.06 of Contract No. 529-10-0013-00001E. Contract 529-10-0013-00001E. September 1, 2015 - February 29, 2016.		21. QUANTITY 1	22. UNIT PRICE \$ 762,500.00
					23. AMOUNT \$ 762,500.00
24. VENDOR CERTIFICATION			Phone (Area code and number)		25. Entered by
Vendor Contact Name			Phone (Area code and number)		
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The invoices for the goods and services are correct. This payment complies with the General Appropriations Act.					
Agency contact/preparer SIGN HERE Beth Zahn		Printed Name Beth Zahn		Phone (Area code and number) 512-206-5111	
Agency Approver SIGN HERE <i>Marilyn Eaton</i>		Printed Name Marilyn Eaton		Phone (Area code and number) 512-206-5187	
				Date 10/23/2015	
				Date 10/23/2015	

Rolando Garza Rolando Garza 424 6660

Form 4116 02/2015

10/26/15 10/29/15 *SmB*



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Beth Zahn
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Taxpayer ID No. 76-0802397

Amounts due may be remitted
by Electronic Funds

To: Business Bank of Texas, N.A.

1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758

Routing No. 114925615

Account:

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-12.2

Invoice Date: September 21, 2015

Due Date: October 31, 2015

For Professional Services Rendered:

RE:

Contract Number: 529-10-0013-00001E

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

Payment 12.2: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: October 31, 2015

\$762,500.00

Amount Due

\$762,500.00

1101 S. CAPITAL OF TEXAS HIGHWAY BLDG K SUITE 250 AUSTIN, TEXAS 78746
TEL: 512-637-7011 • FAX: 512-637-7012 • WWW.TEXASPREGNANCY.ORG

2/15/16

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